FORM (RF-3)

Change in Company's premium or i	rate level produced by rate revision
effective March 1, 2015	

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	35,419,812	-3.5%
	Life of Insurance		
	Does filing only apply to certain te Classes? If so, specify: This filing applies to all cl		n
	Brief description of filing. (If filing to Organization, specify organization): Adopt NCCI loss co	-	
	*Adjusted to reflect all prior rate c **Change in Company's premium		application of new rates.
		Accident Fund Ge	neral Insurance Company
			me of Company
			Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SLIMMARY SHEET

(1)		(2) Annual Premium	(3) Percent
Covera		Volume (Illinois) *	Change (+or-) **
. Automobile Liabi	lity Private		
Passenger			
Commercial			
 Automobile Phys 	•		
Private Passeng	<u>er</u>		
Commercial			
 Liability Other That 			
Burglary and The	it		
Glass			
Fidelity			
Surety			
Boiler and Machir	ery		
Fire	~~		
Extended Covera Inland Marine	ge		
2. Homeowners			_
 Tomeowners Commercial Multi 	Paril		
4. Crop Hail	-i Cili		-
5. Other <u>Workers Co</u>	mnensation	28,257,654	-3.7%
	Insurance	20,207,001	
	pply to certain t	erritory (territories) or certa	ain
Classes? If so,			
specify: This filing	applies to all c	slasses.	
Brief description	of filing. (If filing	follows rates of an adviso	n/
Organization, spe		TOROWS TALES OF ALL AUVISO	'' y
		osts referenced in circular	: II -2014-03 and change
organization). <u>Zia</u>	<u> </u>	isoto referenced in oli edidi.	TE EST TOO GITE CHANGE
*Adjusted to refle	ct all prior rate	changes.	
		n level which will result from	m application of new rate
-			
			nsurance Company of Ar
		N	lame of Company

FORM (RF-3)

Change in Company's premium or	rate level produced by rate revision
effective March 1, 2015	

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	_Private-Passenger		
	Commercial _		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u></u>
5.	Glass		
6.	Fidelity		
7	Surely Railer and Machinery		
8. 9.	Boiler and Machinery Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	•	3,087,312	-6.1%
	Life of Insurance		
	Does filing only apply to certain te	rritory (territories) or certai	n
	Classes? If so,		
	specify: This filing applies to all cla	asses.	
	Brief description of filing. (If filing t	follows rates of an advison	
	Organization, specify	Ollows rates of all advisory	1
	organization): Adopt NCCI loss co	osts referenced in circular l	L-2014-03 and change I CMs
	0.gaa.a.,.,. <u>a.pr.++0.0+.1000.01</u>		
	*Adjusted to reflect all prior rate c		-
	**Change in Company's premium	level which will result from	application of new rates.
			ational Insurance Company
		Na	me of Company
			Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity ———		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Comp.	171,155	-6.2%
	Line of Insurance		
	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,		
	specify: The Cor	npany is adopting the 1/1/2015 NCCI	loss costs with no change to its curren
	approved LCM.		
	Brief description of filing. (If	filing follows rates of an ac	dvisory
	Organization, specify		
	organization):		
	*Adjusted to reflect all prior ra		
	**Change in Company's pren	nium level which will resul	t from application of new
	rates.		
			s Compensation Insurance Co.
			me of Company
		Tina Knight - Analys	st

FORM (RF-3)

SUMMARY SHEET

	Change in Company's premiu effective January 1, 2015	m or rate level produced	by rate revision
-	(1)	(2) Annual Premium	(3) Percent
~	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other 16.0 - Workers' Compensation	70,594	-9.9%
	Line of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or o	certain
	Brief description of filing. (If f Organization, specify organization): Rates, Loss Costs, and Rating Values E	Adoption of NCCI Illinois Vo	oluntary Market–Approval of Advisory
	*Adjusted to reflect all prior ra **Change in Company's premates.		from application of new
			le Insurance Company
			ne of Company
		William Paukovitz/SF	R VP/Chief Compliance Officer

Cha	ange in Company's premium or rate le	vel produced by rate revision effective 1/1/201	5
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	OOVOIAGE	voiding (initially)	
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage	***************************************	
-	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	· · · · · · · · · · · · · · · · · · ·	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
-10:	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	1,711,605	7:2%
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	N/A
Brie	ef description of filing. (If filing follows r	ates of an advisory organization, specify organ	nization):
Ado	ption of NCCI advisory loss costs and rating va	ues effective January 1, 2015	
		-	
	ljusted to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new rates.	
		American Guarantee and Liabi	lity Insurance Company
			ne of Company
		Gary E. Shook, Vice President	and Actuary
		C	official - Title

FORM (RF-3)

	Change in Company's premit effective January 1, 2015	um or rate level produced t	by rate revision
-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	- Volume (Illinois)	Change (+or-) **
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other 16.0 - Workers' Compensation	747,016	-9.9%
	Line of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) or o	certain
	Brief description of filing. (If f Organization, specify	filing follows rates of an ad	visory
	organization):	Adoption of NCCI Illinois Vo	luntary Market-Approval of Advisory
	Rates, Loss Costs, and Rating Values E	ffective January 1, 2015 under NCC	l Circulars IL-2014-06, IL-2014-03
	*Adjusted to reflect all prior ra **Change in Company's premates.	•	from application of new
		The American Insur	ance Company
			ne of Company
			VP/Chief Compliance Officer
		0	fficial – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability	,	3 ()	
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery	W1 W1	-	
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	2,525,395	-6.2%	
16. Other			
Line of Insurance	<u> </u>		
Does filing only apply to certain territory (territorie No	es) or certain classes? If so, specify		
Brief description of filing (if filing follows rates of a	in advisory organization, specify organiza	ation)	
We are adopting the NCCI 1/1/15 loss costs	S.		

American Mining Insurance Company Name of Company

Mike Carney - Assistant VP, Compliance Official — Title

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

Ch	ange in Company's premium or rate lev	rel produced by rate revision effective	1/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
	Eire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers' Compensation	5,819,727	-5.4%
	Line of Insurance		
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, spec	cify: N/A
	ef description of filing. (If filing follows raption of NCCI advisory loss costs and rating value		y organization):
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new ra	
			Title of Company
		Gary E. Shook, Vice P	resident and Actuary
		<u> </u>	Official Title

(1)		(2) Annual Premium	(3) Percent
<u>Coverage</u>		Volume (Illinois)*	Change (+ or -)**
Automobile Liability			
Private Passenger			
Commercial			
Automobile Physical Dama	age		· - · ·
Private Passenger			
Commercial			
Liability Other Than Auto			
Burglary and Theft			
5 Glass-			
6. Fidelity			
7. Surety			
B. Boiler and Machinery			
9. Fire I0. Extended Coverage		<u></u>	
11. Inland Marine			
2. Homeowners			
3. Commercial Multi-Peril			-
4. Crop Hail			
5. Other 16.0 - Workers Co	mpensation	\$17,628,532	-6.20%
		ies) or certain	
classes? If so, specify: No Brief description of filing. (If filing.)	g follows rates o		mpensation
classes? If so, specify: No Brief description of filing. (If filing.)	g follows rates of his follows rates of his follows (a construction of the constructio	f an advisory ion of NCCI's Workers Co Costs Revision	mpensation
classes? If so, specify: No. Brief description of filing. (If filing) organization, specify organization * Adjusted to reflect all prior ** Change in Company's pre	g follows rates of his follows rates of his follows (a construction of the constructio	f an advisory ion of NCCI's Workers Co Costs Revision	
Brief description of filing. (If filing organization, specify organization) * Adjusted to reflect all prior ** Change in Company's pre	g follows rates of his follows rates of his follows (a construction of the constructio	f an advisory ion of NCCI's Workers Co Costs Revision h will Arch Insura	mpensation ance Company of Company
classes? If so, specify: No. Brief description of filing. (If filing) briganization, specify organization * Adjusted to reflect all prior ** Change in Company's pre	g follows rates of his follows rates of his follows (a construction of the constructio	f an advisory ion of NCCI's Workers Co Costs Revision h will Arch Insura Name o	ance Company

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | (1) | (2)
Annual Premium | (3)
Percent |
|---|------------------------------------|-------------------------------|-------------------------------------|
| Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | Coverage | Volume (Illinois) * | Change (+or-) ** |
| Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | | | |
| Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | • | | |
| Private Passenger Gommercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | • | | |
| Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | | | |
| Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | 9 | | |
| Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | Commercial | | - |
| Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | Liability Other Than Auto | | |
| Surety Boiler and Machinery Fire Extended Coverage Inland Marine | Burglary and Theft | | |
| Surety Boiler and Machinery Fire Extended Coverage Inland Marine | Glass | | |
| Boiler and Machinery Fire Extended Coverage Inland Marine | Fidelity | | |
| Fire Extended Coverage Inland Marine | Surety | | |
| Extended Coverage Inland Marine | Boiler and Machinery | | |
| Inland Marine | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| Homeowners | Homeowners | | |
| Commercial Multi-Peril | Commercial Multi-Peril | | |
| Crop Hail | Crop Hail | | |
| Other 16.0 - Workers' Compensation 146,315 -9.9% | Other 16.0 - Workers' Compensation | 146,315 | -9.9% |
| Line of Insurance | Line of Insurance | | |
| Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No | Classes? If so, | in territory (territories) or | certain |
| | | | |
| Brief description of filing. (If filing follows rates of an advisory Organization, specify | | ling follows rates of an ad | dvisory |
| organization): Adoption of NCCI Illinois Voluntary Market-Approval of Advisor | | Adoption of NCCI Illinois V | Oluntary Market Approval of Advisor |

Rates, Loss Costs, and Rating Values Effective January 1, 2015 under NCCI Circulars IL-2014-06, IL-2014-03

Associated Indemnity Corporation

Name of Company
William Paukovitz/SR VP/Chief Compliance Officer

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois <u>)*</u> | (3)
Percent
Change (+ or -)** |
|-------|--|---|-------------------------------------|
| | <u>ooverage</u> | Votame (mmois) | Ondrigo (* C/ |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage | · | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | · |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | <u> </u> |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other Workers' Compensation | 0 | -4:9% |
| | Line of Insurance | | |
| Brie | ef description of filing. (If filing follows ra | ates of an advisory organization, specify organi | N/A
ization): |
| Ado | ption of NCCI advisory loss costs and rating value | ues effective January 1, 2015 | <u> </u> |
| | | | |
| * ^ ~ | liveted to reflect all prior rate abandon | | |
| | ijusted to reflect all prior rate changes. | ich will result from application of new rates. | |
| C | riange in Company's premium lever wit | ich will result from application of new rates. | |
| | | Colonial American Casualty and | Surety Company |
| | | | e of Company |
| | | | , , |
| | | Gary E. Shook, Vice President a | and Actuary |
| | | | ficial Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2015

(1) (2) (3)

| | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|---|---------------------------------------|
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| | -Fire- | ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | -00-054-555- | |
| 10. | Other Workers' Compensation Line of Insurance | \$2,651,555 | 6.2% |
| | Line of misurance | | |
| Doe | es filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | No. |
| _ • | , , , , , , , , , , , , , , , , , , , | , | |
| | ef description of filing. (If filing follows r
lar IL-2014-06 and changing class specific LCMs | ates of an advisory organization, specify orga | nization): Adopting NCCI loss cost |
| | | | · · · · · · · · · · · · · · · · · · · |
| *^4 | justed to reflect all prior rate changes. | | |
| | | sich will result from application of new rates. | |
| · | nange in company a premium level wi | non will result from application of new rates. | |
| | | Farmland Mutual Insurance Cor | npany |
| | | | ne of Company |
| | | | |
| | | 0 | fficial - Title |

| | (1) | (2) Annual Premium Volume (Illinois)* | (3)
Percent
Change (+ <u>or -)**</u> |
|----------------------------|---|---|--|
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -) |
| | e Liability Private | | |
| | nger Commercial | | |
| | e Physical Damage e Passenger Commercial | | |
| 3. Liability Ot | her Than Auto | | |
| 4. Burglary a | nd Theft | | |
| 5. Glass | | | |
| Fidelity | | | |
| Surety | <u> </u> | | |
| 8. Boiler and | Machinery | | |
| 9: Fire | | | |
| 10. Extended | | | |
| 11. Inland Mar | | | |
| 12. Homeown | <u></u> | | |
| 13. Commerci | al Multi-Peril | | |
| 14. Crop Hail | | | |
| 15. Other World | kers Compensation | 0 | -4.9% |
| | Line of Insurance | | |
| Does filing only | apply to certain territory (territo | ories) or certain classes? If so, specify: <u>N</u> | /A |
| • | n of filing. (If filing follows rates advisory loss costs and rating values e | of an advisory organization, specify organization | |
| | flect all prior rate changes. company's premium level which | will result from application of new rates. | |
| | | Fidality and Descrit Occurrence 44 | Annual and |
| | | Fidelity and Deposit Company of Name of | Maryland
of Company |
| | | | r y |
| | | Gary E. Shook, Vice President and | d Actuary |
| | | O#5. | ial Titla |

FORM (RF-3)

SUMMARY SHEET

| | Change in Company's premium or rate level produced by rate revision effective January 1, 2015 | | |
|----------|---|---|--|
| <u>-</u> | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| -2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | <u></u> | |
| 15. | Other 16.0 - Workers' Compensation | 118,694 | -9.9% |
| | Line of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: No | nin territory (territories) or | certain |
| | | | |
| | Brief description of filing. (If f Organization, specify organization): | _ | divisory oluntary Market-Approval of Advisory |
| | Rates, Loss Costs, and Rating Values E | | |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's prem | | t from application of new |
| | rates. | Fireman's Fund Ins | urance Company |

Name of Company William Paukovitz/SR VP/Chief Compliance Officer

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Cha | inge in Company's premium or rate lev | el produced by rate revision effective | 1/1/2015 |
|------|--|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | ··· |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| 11. | | | |
| . — | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other 16.0 Workers' Componsation | 147,155 | -11.3% |
| | Line of Insurance | | |
| Doe | es filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | NO |
| | | | |
| Brie | f description of filing. (If filing follows ra | ates of an advisory organization, specify organiza | ation): |
| Ador | oting NCCI Loss Costs outlined in circular IL | -2014-06 with no changes to company Loss Cost Multip | liers. |
| | | | |
| | justed to reflect all prior rate changes.
nange in Company's premium level wh | ich will result from application of new rates. | |
| | | Cuido Ono Elito Incuissos | |
| | | GuideOne Elite Insurance | of Company |
| | | Name | o company |
| | | Joseph Highbarger, FCAS, MAAA | - Asst VP / Actuary |
| | | | ial – Title |

| Change in Company's premium or rate level produced by rate revision effective | | 1/1/2015 | |
|---|--|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
<u>Change (+ or -)**</u> | |
| 1. Automobile Liability Private | | | |
| Passenger Commercial | | | |
| 2. Automobile Physical Damage | | | |
| Private Passenger Commercial | | | |
| Liability Other Than Auto | | | |
| Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | <u> </u> | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril14. Crop Hail | | | |
| 14. Grop mail
1 5. Other 16.0 Workers' Compensation | 7 FFF TA4 | -6.4% | |
| Line of Insurance | 3,555,702 | -8,47\$ | |
| Line of insurance | | | |
| Does filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | NO | |
| | | | |
| Brief description of filing. (If filing follows r | ates of an advisory organization, specify organiz | ation): | |
| Adopting NCCI Loss Costs outlined in circular II | -2014-06 with no changes to company Loss Cost Multip | oliers. | |
| | | | |
| *Adjusted to reflect all prior rate changes. | | | |
| **Change in Company's premium level wh | nich will result from application of new rates. | | |
| | GuideOne Mutual Insurance | | |
| | Name | of Company | |
| | Joseph Highbarger, FCAS, MAAA | - Asst VP / Actuary | |
| | · · · · · · · · · · · · · · · · · · · | rial - Title | |

1.

- --2--

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|---|------------------------------|--|
| Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | <u> </u> |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | · | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Compensation | \$3,306,363 | 1.13% |
| Life of Insurance | | |
| Does filing only apply to certai | n territory (territories) or | certain |
| Classes? If so. | intermery (termemony or | oona |
| specify: N/A | | |
| | | |
| Brief description of filing. (If fil | ing follows rates of an a | dvisory |
| Organization, specify | | |
| organization): | We are adopting National C | ouncil on Compensation Insurance (NCCI |
| Illinois Advisory Rates and Rating Values | | |

Illinois Casualty Company

Name of Company Mandy Mueller - Product Development Analyst

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

| | effective 1/1/2015 | _ ' | |
|------------|--|--------------------------------------|---------------------------|
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | · | |
| | Burglary and Theft | | |
| | Glass | | |
| _ | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other Workers Compensation | 5,710,563 | 9.109/ |
| , . | Life of Insurance | 5,710,563 | -8.10% |
| | Does filing only apply to certain te Classes? If so, specify: No | erritory (territories) or certa | in |
| | | fallows aston of an advisor | |
| | Brief description of filing. (If filing or Organization, specify | iollows rates of an advisor | у |
| | | | |
| | organization): | NOOUS Cissulant 0044 00 to be at | (|
| | Adoption of loss costs and rating values from I | NCCI'S Circular IL-2014-03, to be en | rective January 1, 2015. |
| | *Adjusted to reflect all prior rate c | hanges. | |
| | **** | level which will result from | application of new rates. |
| | **Change in Company's premium | to to the total training | |
| | Change in Company's premium | | ., |
| | Change in Company's premium | Mitsui Sumitomo Insur | ance Company of America |
| | Change in Company's premium | Mitsui Sumitomo Insur
Na | ., |

FORM (RF-3)

| | effective 1/1/2015 | <u> </u> | |
|-----|--|--------------------------------------|---------------------------------------|
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6 | _Eidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 4,641,861 | -6.70% |
| | Life of Insurance | | |
| | Does filing only apply to certain to Classes? If so, specify: No | erritory (territories) or certa | in |
| | Brief description of filing. (If filing | follows rates of an advisor | · · · · · · · · · · · · · · · · · · · |
| | Organization, specify | ionows rates of an advisor | у |
| | organization): | | |
| | Adoption of loss costs and rating values from | NCCL's Circular II 2014 02 to be of | factive January 1, 2015 |
| | Adoption or loss costs and rating values from | 140013 Olicular IL-2014-00, to be en | ective daridary 1, 2013. |
| | *Adjusted to reflect all prior rate of | hanges. | |
| | **Change in Company's premium | - | application of new rates. |
| | | Mitsui Sumitomo Insur | |
| | | | ame of Company |
| | | Howard Chandler - Se | nior State Filing Analyst |
| | | | Official - Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2015 (1) (2) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. _Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$621,533 0:8% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss cost circular IL-2014-06 and changing class specific LCMs. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. National Casualty Company Name of Company Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2015

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----------|---|--|-------------------------------------|
| _ | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | _ |
| 4. | Burglary and Theft | | |
| <u>5.</u> | Glass | | |
| 6.
- | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other 16.0 - Workers' Compensation | 232,343 | -9.9% |
| | Line of Insurance | | |
| • | Does filing only apply to certain Classes? If so, | in territory (territories) or c | ertain |
| | specify: No No | | |
| | | | · |
| | Brief description of filing. (If fi | ling follows rates of an ad | visory |
| | Organization, specify | | |
| | organization): | | luntary Market-Approval of Advisory |
| | Rates, Loss Costs, and Rating Values Ef | fective January 1, 2015 under NCC | l Circulars IL-2014-06, IL-2014-03 |
| | * | | |
| | *Adjusted to reflect all prior ra | • | from application of now |
| | **Change in Company's prem | ium level which will result | nom application of new |
| | rates. | National Surety Corp | poration |
| | | | e of Company |
| | | | VP/Chief Compliance Officer |
| | | TIME TO CONTRACT OF THE CONTRA | |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2015 (1) (2) (3) **Annual Premium** Percent Change (+ or -)** Coverage Volume (Illinois)* Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail ____ 15. Other Workers Compensation \$4,458,537 -6.9% Line of insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss cost circular IL-2014-06 and changing class specific LCMs. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nationwide Agribusiness Insurance Company Name of Company Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2015

| | | (1) | (2) | (3) |
|-----------------|---------------|--|---|-----------------------------------|
| | | | Annual Premium | Percent |
| | | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| | | 1.9 1.5.5.99 | | |
| 1. | | bile Liability | | |
| | | Passenger | | |
| _ | Comme | | | |
| 2. | | bile Physical Damage | | |
| | | Passenger | | |
| | Comme | | | |
| 3. | | Other Than Auto | | |
| 4 | Burglar | y and Theft | | |
| 5. | Glass | - | | |
| 6. | Fidelity | | | |
| 7. | Surety | | · · · · · · · · · · · · · · · · · · · | |
| 8. | Boiler a | ind Machinery | | |
| 9. | Fire | | | |
| 10 - | Extende | ed Coverage | | |
| 11. | Inland N | Marine | | |
| 12. | Homeo | wners | | |
| 13. | Comme | ercial Multi-Peril | | |
| 14. | Crop Ha | ail | | |
| 15. | Other | Workers Comp | 1,100,000 (2013) | -3.1% |
| | _ | Line of Insurance | | |
| | | | | |
| Does | filing only a | apply to certain territory (territor | ies) or certain classes? If so, specify: | |
| No_ | | | | |
| | | | | |
| _ | | | · | |
| Brief o | description | of filing. (If filing follows rates of | of an advisory organization, specify organization | on): |
| | | | -2014-06), change LCM, deviate class 8835, | and revise our Medical Deductible |
| <u>credit</u> | s based o | n hazard groups. | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| _ | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Pioneer Specialty Insurance Company

Name of Company

Phil Peterson - Product Development Analyst

FORM (RF-3)

| | Change in Company's premium or rate level produced by rate revision effective | | | |
|----------------|---|---|---|--|
| - | (1) | (2) Annual Premium | (3) Percent | |
| 4 | Coverage | Volume (Illinois) * | Change (+or-) ** | |
| 1. | Automobile Liability Private | | | |
| | Passenger | | | |
| _ | Commercial | | | |
| 2 — | -Automobile Physical Damag | | _ | |
| | Private Passenger | | | |
| | Commercial | | · · · · · · · · · · · · · · · · · · · | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| <u>5.</u> | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | · · · · · · · · · · · · · · · · · · · | | |
| 14. | Crop Hail | | | |
| 15. | Other Workers' Compensation | \$192,000 | -6.2% | |
| 10. | Line of Insurance | \$192,000 | -0.2% | |
| • | Does filing only apply to certain Classes? If so, | n territory (territories) or o | certain | |
| | specify: No. | | | |
| | Brief description of filing. (If fill Organization, specify | ing follows rates of an ac | lvisory | |
| | organization): | Republic Indemnity Compa | ny of America adopts NCCI's approved | |
| | loss costs and rating values filing effectiv | | | |
| | filing also proposes a charge for the Waiver | | | |
| | *Adjusted to reflect all prior rate changes. | | | |
| | **Change in Company's premium level which will result from application of new | | | |
| | rates. | Panublia Inda | maily Company of America | |
| | | | mnity Company of America | |
| | | | ne of Company Underwriting Product Director | |
| | | ~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| | | t. | Official – Title | |

FORM (RF-3)

| | effective 01/01/2015 | · · · · · · · · · · · · · · · · · · · | | |
|----------------|--|---------------------------------------|---------------------------------------|--|
| _ | (1) | (2) | (3) | |
| - | 0 | Annual Premium | Percent | |
| | Coverage | Volume (Illinois) * | Change (+or-) ** | |
| 1. | Automobile Liability Private | | | |
| | Passenger | | | |
| 2 | Commercial | | | |
| .2 | Automobile Physical Damag | | | |
| - | Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6 . | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | · · · · · · · · · · · · · · · · · · · | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | <u> </u> | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other Workers' Compensation | \$9,549,003 | -1.2% | |
| | Line of Insurance | | | |
| • | Does filing only apply to certa Classes? If so, specify: | in territory (territories) or o | certain | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | Brief description of filing. (If filing follows rates of an advisory Organization, specify | | | |
| | organization): | Protective Insurance is a m | ember of NCCI. As such, we wish to | |
| | adopt the approved advisory rates, rating | | in NCCI circular IL-2014-06 without | |
| | change for all classes except 7231, which w | | | |
| | *Adjusted to reflect all prior ra **Change in Company's prem | • | from application of new | |
| | rates. | Protective Insurance | e Company | |
| | | | ne of Company | |
| | | Renee Smith - Comp | | |
| | | C | fficial – Title | |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2015

| - | (1) | (2)
Annual Premium | (3)
Percent |
|----------|--|--|----------------------------|
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | Total (IIII Groy) | |
| | Commercial | | |
| -2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| <u>5</u> | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation Life of Insurance | \$447,640 | -1.4% |
| • | Does filing only apply to certain Classes? If so. | in territory (territories) or | certain |
| | specify: No | | |
| | Specify. | ······································ | |
| | Brief description of filing. (If filing follows rates of an advisory Organization, specify | | |
| | organization): | Adopt NCCI Rates per Cir | cular IL-2014-03 and |
| | Revise Exposure Adjustment Factors | | |
| | | | |
| | *Adjusted to reflect all prior ra
**Change in Company's premates. | • | It from application of new |
| | 10(03. | RLI Insurance Con | npany |
| | | | me of Company |
| | | Thomas G. Drucker | |
| | | | Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/15 (1)(2) (3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10: Extended Coverage. 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation -6.2% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Applies to all WC class codes Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI LC effective 1/1/2015. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Samsung Fire & Marine Ins. Co. LTD, USB Name of Company Michelle Freitag, Consulting Actuary Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| - | (1) | (2)
Annual Premium | (3)
Percent | |
|-----------|--|--------------------------------|---|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** | |
| 1. | Automobile Liability Private | | | |
| | Passenger | | | |
| _ | Commercial | | | |
| 2_ | Automobile Physical Damag | | | |
| | Private Passenger | | | |
| ^ | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| <u>5.</u> | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | · | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | · · · · · · · · · · · · · · · · · · · | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | · · · · · · · · · · · · · · · · · · · | |
| 15. | Other Worker's Compensation | \$12,312,704 | -3.38% | |
| | Line of Insurance | | | |
| • | Does filing only apply to cert | ain territory (territories) or | certain | |
| | Classes? If so. | | | |
| | specify: No | | | |
| | | | | |
| | Brief description of filing. (If filing follows rates of an advisory | | | |
| | Organization, specify | | | |
| | organization): | We are adopting 2015 NCCI | Voluntary WC Rates with deviations in rates | |
| | for certain class codes due to experient | | | |
| | | | | |
| | *Adjusted to reflect all prior r | ate changes. | | |
| | **Change in Company's prer | - | t from application of new | |
| | rates. | | · · | |
| | | Society Insurance, | a mutual company | |
| | | Nar | me of Company | |
| | | Tara Caldwell - Staf | f Underwriting Specialist | |

FORM (RF-3)

| Change in Company's premium or | rate level produced by rate revision |
|--------------------------------|--------------------------------------|
| effective March 1, 2015 | |

| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|--|--|------------------------------|
| 1. | Automobile Liability Private | Volunto (minolo) | Sharige (St.) |
| | Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| • | Private Passenger | | |
| _ | Commercial Liebility Other There Aveta | | |
| 3. | Liability Other Than Auto | | |
| 4.
5. | Burglary and Theft
Glass | | |
| 6. | Fidelity | | |
| 7 . | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril Crop Hail | | |
| | Other Workers Compensation Life of Insurance | 18,484,304 | 1.5% |
| | Does filing only apply to certain to Classes? If so, specify: This filing applies to all c | | ו |
| | | | |
| Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopt NCCI loss costs referenced in circular IL-2014-03 a | | | |
| | | | |
| | ** I' | | |
| | *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. | | |
| | | United Wisconsin | Insurance Company |
| | | | me of Company |
| | | | Mr. 1 Tu |
| | | ί | Official – Title |

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2015

| | (1) | (2) | (3) |
|--------|---|--|--------------------------------------|
| | | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1, | Automobile Liebility | | |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | | | |
| ۷. | Automobile Physical Damage
Private Passenger | | |
| | Commercial | | |
| 3. | | | |
| | Liability Other Than Auto | | |
| _4 | Burglary and Theft | · | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10 | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Comp | 9,500,000 (2013) | -3.6% |
| | Line of Insurance | | |
| _ | | | |
| | filing only apply to certain territory (territori | es) or certain classes? If so, specify: | |
| No | | | |
| | | | |
| Detect | description of files. (If files follows setup | f an advisant succession to a sactific succession | t!\. |
| | | f an advisory organization, specify organiza
2014-06), change LCM, deviate class 8835 | |
| credit | is based on hazard groups. | · - | o, and revise our Medical Deductible |
| | grouper | | |
| | | | |
| | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Western National Mutual Insurance Company

Name of Company

Phil Peterson - Product Development Analyst

| | (1) | (2)
Annual Premium | (3)
Percent |
|------|---|--|--------------------------|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | - · · | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | <u> </u> | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail. | 200 500 | 4.00 |
| 10. | Other Workers' Gompensation | 35,207,228 | 4.8% |
| | Line of Insurance | | |
| Doe | es filing only apply to certain territory (terri | tories) or certain classes? If so_specify: | N/A |
| - | timing only apply to contain termory (term | torias, ar as tall diagona. It as, aposity. | 1471 |
| | | · | |
| Brie | ef description of filing. (If filing follows rate: | s of an advisory organization, specify orga | nization): |
| Ado | otion of NCCI advisory loss costs and rating values | effective January 1, 2015 | |
| | | | |
| | S - 4 - 4 4 4 - 4 - 4 - 4 4 4 | | |
| | justed to reflect all prior rate changes. | will requisit from a publication of accounts | |
| C | hange in Company's premium level which | will result from application of new rates. | |
| | | Zurich American Incurrence Co | |
| | | Zurich American Insurance Co | me of Company |
| | | 1 4021 | or company |
| | | Gary E. Shook, Vice Presiden | t and Actuary |
| | | | Official – Title |

| Ch | ange in Company's premium or rate le | vel produced by rate revision effective 1/1/2 | 015 |
|----------------------------|--|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1.
2.
3.
4.
5. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity | | |
| 11. | Surety Boiler and Machinery Fire Extended Coverage Inland Marine | | |
| 13.
14. | Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance | 9,951,786 | -4.5% |
| Brid | es filing only apply to certain territory (to | erritories) or certain classes? If so, specify: ates of an advisory organization, specify orga | N/A anization): |
| *Ac | ption of NCCI advisory loss costs and rating values of NCCI advisory | nich will result from application of new rates. Zurich American Insurance C | Company of Illinois |
| | | | ame of Company |